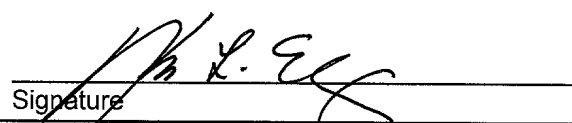


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Preliminary Amendment and Version to Show Changes Made	10 pages
IDS	2 pages
Form PTO 1449	3 pages
Copy of PTO 1449 and PTO 892 forms from prior application	6 pages
Cited Reference	1 reference
Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$355	\$355.00
Excess Claims Fee: 7 - 20 x \$9	\$****
Excess Independent Claims Fee: 2 - 3 x \$40	\$****
Multiple Dependent Claims Fee: \$270/\$135	\$****
Total Fees:	\$355.00
<input checked="" type="checkbox"/> Enclosed is a check for \$355.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Karen L. Elbing, Ph.D. Reg. No. 35,238 Clark & Elbing LLP 176 Federal Street Boston, MA 02110 <div style="text-align: right;"> Telephone: 617-428-0200 Facsimile: 617-428-7045 </div>	
CUSTOMER NO: 21559	
<div style="display: flex; justify-content: space-between;"> <div>  Signature </div> <div> 7 January 2002 Date </div> </div>	

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